

S. No. 2
 DM-2-43
 v. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED DEC 6 1945
 Registration District No. 322

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38691

State File No. _____

Primary Registration District No. 3071

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 10 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State mo (b) County Saline
 (c) City or town Slater
(If outside city or town limits, write "RURAL")
 (d) Street No. Grandview
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Alpha Omega James
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month nov day 5th
 year 1945 hour 1 minute 10 A.M.
 21. I hereby certify that I attended the deceased from Apr - 10
 1945, to Nov 5 1945
 that I last saw her alive on Nov 5 1945
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race N 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Thomas H James 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased Oct - 7 - 1880
(Month) (Day) (Year)

Immediate cause of death Cancer of Stomach
 Duration _____

8. AGE: Years 65 Months 0 Days 28
 If less than one day hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER
 9. Birthplace Hickory County mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Stephen Bybee
 13. Birthplace Fristoe mo. 0
(City, town, or county) (State or foreign country)
 14. Maiden name Marian Ann Thurston
 15. Birthplace Edwards mo 0
(City, town, or county) (State or foreign country)
 16. (a) Informant T. H James
 (b) Address Slater, mo
 17. (a) Burial (b) Date thereof Nov. 6 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bethel Campyard Benton Co mo
 18. (a) Signature of funeral director Harry Haulberger
 (b) Address Marshall mo
 19. (a) Nov 5, 1945 (b) Mrs. Earl C. Metz
(Date received from registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature E. W. Tutwell (M. D. or other) _____
 Address Slater mo Date signed 11-5-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17
2
1

1549

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Filed 12-1-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Harry Herschberger

Licensed Embalmer No. 4357

P. O. Address Marshall Tw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.